

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

**FOR OFFICE USE ONLY**Postmark Date: 5/20/97

12/18/97

**1980087**

REG

JA-022520

110.00

Worm split w/ 2.50

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME Goings Gina E.  
Last First MI
2. BUSINESS PHONE (504) 338-1370  
Area Code and Phone Number
3. BUSINESS ADDRESS 263 Third St. #403 Baton Rouge LA 70801  
Street and No. City State Zip
4. EMPLOYER Louisiana Restaurant Association
5. EMPLOYER'S ADDRESS 2700 N. Arnoult Rd. Metairie LA 70002-5916  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Restaurant Association  
Address 2700 N. Arnoult Rd. Metairie LA 70002-5916  
Business or purpose Lobbying / government relations  
Does this person pay you? YES  
If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## LOBBYING REGISTRATION FORM



3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_

State of LouisianaParish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Gina E. Goings, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Gina E. Goings  
 Signature of Lobbyist

Sworn to and subscribed before me on this 18th day of  
Dec., 1997

Tom Watkins  
 Notary Public

Rev. 8/97

ATTACH  
 2" x 2"  
 PHOTOGRAPH  
 HERE  
 FOR  
 INITIAL  
 REGISTRATION  
 ONLY

